



FORM
GD1
(Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

'12 JUN 25 P12:12

STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

Riviere

Gil

Last Name

First Name

M.I.

Hawaii State Legislature - House of Representatives

State Representative

State Agency

State Position

CONTACT INFORMATION

415 South Beretania St. #319

Number and Street or P.O. Box

Honolulu

HI

96813

City

State

Zip Code

(808) 586-6380

repriviere@capitol.hawaii.gov

Telephone

Extension

Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
2. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
3. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
4. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

☐ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Signature

Date

6-25-12

REC'D BY HAND DELIVERY